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JAN 3 1 2008

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A) Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-9000a). Use a typewriter, word processor, or computer, to complete all items.

. Name of Property			
Historic name Other name/site number	Parsons Katy Hospital		
2. Location			
Street & number 400	0 Katy Avenue		not for publication
City or town Pa	irsons		vicinity
State Kansas Code	KS County Labette	Code 099	Zip code 67357
3. State/Federal Agency Cer	tification		
request for determination Historic Places and meets the meets of does not meet the mationally statewide signature of certifying officing Kansas State Historical Scatter or Federal agency and	the procedural and professional request the National Register criteria. I report the National Post	irements set forth in 36 Commend that this proper sheet for additional commend that the proper sheet for additional commend that the proper sheet for additional commend to the proper sheet for additional commend that the proper sheet for additional commend the proper sheet for additional commend that the proper sheet for additional commend the proper sheet for additional commend that the proper sheet for additional commend the proper sheet for additional commend that the proper sheet for additional commend the proper sheet for additional comm	nereby certify that this ⊠ nomination ing properties in the National Register of FR Part 60. In my opinion, the property ty be considered significant ents.) //2/07 See continuation sheet for additional
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State or Federal agency ar	nd bureau		
4. National Park Service Ce	ertification		
I herby certify that the property i	is S	Signature of the Keeper	Date of Action
☐ entered in the National ☐ See continuation ☐ determined eligible for the Register ☐ See continuation ☐ determined not eligible National Register ☐ removed from the Nation Register ☐ other, (explain:)	the National n sheet. for the		
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Parsons Katy Hospital		Labette County, Kansas			
Name of Property		County and State			
i. Classification					
Ownership of Property Check as many boxes as apply)	Category of Property (Check only one box)	Number of Resources within Property (Do not include previously listed resources in the count.)			
⊠ private ☐ public-local ☐ public-State ☐ public-Federal	⊠ building(s) ☐ district ☐ site ☐ structure ☐ object	Contributing Noncontributing 2 buildin sites structi	ures		
Name of related multiple property lis (Enter "N/A" if property is not part of a r	ting nultiple property listing.)	total Number of contributing resources previously list in the National Register	ted		
N/A		N/A			
6. Function or Use					
Historic Functions (Enter Categories from instructions)		Current Functions (Enter categories from instructions)			
DOMESTIC/multiple dwelling		DOMESTIC/single dwelling			
HEALTH CARE/hospital		HEALTH CARE/clinic			
7. Description					
Architectural Classification (Enter categories from instructions)		Materials (Enter categories from instructions)			
LATE 19 TH AND 20 TH CENTUR\ Revival	Y REVIVALS/Colonial	Foundation: CONCRETE Walls: BRICK			
		Roof: ASPHALT			
		Other:			

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)

Parsons Katy Hospital	Labette County, Kansas
Name of Property	County and State
8. Statement of Significance	
Applicable National Register Criteria	Areas of Significance (Enter categories from instructions)
(Mark "X" in one or more boxes for the criteria qualifying the property for National Register	ARCHITECTURE
A Property is associated with events that have made a significant contribution to the broad patterns of our history	HEALTH CARE
B Property is associated with the lives of persons significant in our past.	
C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses	
high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.	Period of Significance
D Property has yielded, or likely to yield, information important in prehistory or history.	1922-1957
Criteria Considerations (Mark "x" in all the boxes that apply.)	Significant Dates
Property is:	1922/1927
A owned by a religious institution or used for religious purposes.	
B removed from it original location.	Significant Person
C a birthplace or grave.	(Complete if Criterion B is marked above)
D a cemetery.	
☐ E a reconstructed building, object, or structure.	Cultural Affiliation
F a commemorative property.	
☐ G less than 50 years of age or achieved significance within the past 50 years	
The state of the s	Architect/Builder
Narrative Statement of Significance (Explain the significance of the property on one or more continuation sheets.)	Robertson and Griesenbeck (Dallas, TX)
9. Major Bibliographical References	
Bibliography (Cite the books, articles, and other sources used in preparing this form	on one or more continuation sheets.)
Previous documentation on file (NPS): preliminary determination of individual listing (36 CFR 67) has been requested previously listed in the National Register previously determined eligible by the National Register designated a National Historic Landmark recorded by Historic American Buildings Survey recorded by Historic American Engineering	Primary location of additional data: State Historic Preservation Office Other State agency Federal agency Local government University Other Name of repository:
Record #	

Parsons Katy Ho	spital			ounty, Kansas	·
Name of Property			County an	d State	••
10. Geographical	Data				
Acreage of Propert	y 3 acres				
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1 5 2	9 7 8 2 3 4 1 3 5 5 5	<u>4</u>]			
		☐ See cor	tinuation sheet		
Verbal Boundary De	scription ries of the property on a continuation sheet.)				
Boundary Justificati (Explain why the bour	ion ndaries were selected on a continuation sheet.)				
11. Form Prepared	J Ву				
Name/title	Christy Davis				
Organization	Davis Preservation	Date0	7/27/2007		
-		Telephone	785-234-5053		
Street & number	er 909 1/2 Kansas Ave, Suite 7				
City or town	Topeka	_ State <u>KS</u>	Zip co	ode <u>6661</u>	2
Additional Docum					
Submit the following ite	ms with the completed form:				
Continuation She	ets				
Maps	A USGS map (7.5 or 15 minute series) indicating	ng the property's	location.		
	A sketch map for historic districts and propertie	es having large a	creage or numerous r	esources.	
Photographs	Representative black and white photographs				
Additional items	Representative black and white photographs	of the property.			
	FPO for any additional items)				
Property Owner	FFO RIF any additional neuros				
Name	Labette County				
Street & numl		Telephone	620-795-2138		
	Oswego	State	KS	Zip code	67356
City or town	Corrego				

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16) U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503

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Narrative Description

Setting

The Katy Hospital is located at 400 Katy Avenue in Parsons, Kansas (population 11,514). Block 10 is bounded on the north by Stevens Avenue, on the south by Crawford Avenue, on the east by Katy Avenue and on the west by 31st Street. The property is located on the west side of Parsons in a predominantly residential area, approximately ten blocks west of downtown and five blocks south of the Parsons State Mental Hospital. The block was occupied exclusively by the hospital until 1968 when the Faith United Methodist Church constructed a church on the south end of the block.

The nominated property includes two contributing buildings, the Parsons Katy Hospital (1922) and the Nurses' Home (1927). The Katy Hospital has a 1967 clinic addition. The hospital building is centered on Block 10 in the Stevens Park Addition to the City of Parsons. The 1967 Katy Clinic addition is attached to the hospital's northeast corner through a small hyphen/breezeway. The Nurses' Home is located north of the hospital, on the northeast end of Block 10.

Hospital Exterior

Overall – The historic hospital building is composed of four principal masses: a 3 ½ story side-gabled center mass; a flat-roofed two-story north wing; a flat-roofed two-story south wing; and a flat-roofed west-projecting rear wing. A limestone beltcourse/continuous lintel provides continuity among the four masses. The building is reinforced concrete construction with brick facing. In keeping with the building's Colonial Revival design, it is symmetrical on an east-west axis with parapets on the gables, abbreviated eaves, arch-topped windows and a columned entry with entablature. The building retains its original multi-pane windows, most of them 6/6 double-hung sash.

East (Front) Elevation – The side-gabled center mass is divided into seven bays. The first, fourth and seventh bays, which have step-parapeted wall gables, share a wall plane that sets in front of the plane of the second, third, fifth and sixth bays. The main entrance, which is accentuated by a Tuscan-columned shelter with entablature, is housed in the center bay. The front door has a transom window above and is flanked by sidelights. The second and third-story windows in the entrance bay are enframed with stone. The first and seventh bays have 6/6 windows in each of the first through third floors. There is a small slit window in each of the stepped-parapet gables. The second, third, fifth and sixth bays of the center mass have a 6/6 window on each of their three stories. Each of the

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two-story side wings has four bays. The inner three bays of each wing have 6/6 windows on each story. The outer bays of the side wings, which historically housed sunrooms on the second floor, have double windows on each of the two floors.

North (Side) Elevation – From the north, the top 1 ½ stories of the gable end of the center mass is visible. In addition, the north elevation of the north-projecting wing and north elevation of the rear wing are visible. The windows on the first level of the 2-story wing are closed in. The second-story window opening in the north wing houses a band of four windows. The third floor of the gable end of the center bay has a closed-in double window on the west and a single window on the east. There is a centered double window and smaller slit window above it in the gable. A small, brick, two-story west-projecting addition has a narrow window on the north elevation. The north elevation of the rear mass has a 6/6 window on each story of the first four bays. The fifth bay is a narrow entrance bay. The rear mass is connected to the center mass with a hyphen which houses a single-loaded corridor.

South (Side) Elevation – The south elevation is nearly identical to the north elevation. The rear mass has three window bays and an entrance on the east end. On the east end of this elevation is a non-historic three-story shed-roofed addition. The addition sits in front (east) of the south wing.

West (Rear) Elevation – The rear elevations of the two-story north and south wings match their front elevations. The rear elevation of the rear mass has four windows, two on each story, in the entrance bay. There is a window on the second story of the first bay of the west elevation of the rear mass – and a window on each of the two stories on the fourth bay. A chimney rises from the area between the central mass and rear bay. Also visible on this side are continuous dormers that pierce the gable roof of the central bay. One of these is an elevator tower. The dormers are original to the building's construction.

Hospital Interior

Overall – The hospital has four finished levels. All four floors have double-loaded north-south corridors that provide access to spaces in the central mass and side wings. An east-west corridor ties the central mass and side wings to the rear wing. There are two sets of stairs. One, at the junction of the central mass and rear wing, provides access to all four floors. Another, located in the southeast corner of the rear wing, provides access between the kitchen on the first floor and ward on the second floor. Although the hospital has been updated over the years, it retains its architectural integrity, particularly on the fourth floor, which remains unchanged since the building's construction. Historic features throughout include radiused plaster returns, terrazzo floors, historic elevator doors, paneled doors, window and door trim, and glazed porcelain subway tile. Changes include the addition of suspended ceilings on the lower levels. Generally, where new materials have been added, they have been added over historic materials in a reversible manner.

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First Floor – The north side wing of first floor is divided into doctors' offices and exam rooms. The rooms in the central wing include restrooms in each of the corners, therapy room, business offices, emergency room, pharmacy, and records room. A waiting room and office occupy the south side wing. Food service occupies the first floor of the rear wing – a kitchen, pantry, freezer, dining room and restrooms.

Second Floor – Like that on the first floor, the central wing of the second floor has a restroom in each of its corners. The remainder of the central mass is divided into single and double patient rooms and open wards. Each of the side wings is a large ward that opens onto the sunroom. The rear wing is divided into two open wards, two restrooms and a storage room.

Third Floor — Only the central mass has a third floor. The third floor houses the operating room and related storage and scrub rooms on the north end. The X-ray rooms are housed in the east central part of the floor. There is a single patient room on the southeast corner and a lab on the southwest corner. There is a restroom/lounge north of the elevator on the west side of the hall.

Fourth Floor – On the fourth floor, the north-south hallway is shorter than that found on the lower levels. Double doors on each end of the hall open to large open rooms, historically used as storage (north) and maintenance shop (south). The space on the east side of the hall is divided among two storage spaces north and south of the centered purchasing agent's office. The layout of the space, along with historical hospital trends, indicate that the space may have been used for nurses' quarters prior to the construction of the nurses' home in 1927.

Nurses' Home Exterior

Overall – Like the Katy Hospital, the Nurses' Home (1927) is an example of 1920s Colonial Revival Style. The home's Colonial-Revival features include symmetrical design, rectangular massing, centered entry with broken pediment, side-gabled roof with gabled dormers and abbreviated eaves, and multi-pane windows. The home is wood-frame construction with brick facing. Windows are 6/6 double-hung wood with brick lintels and sills. The first-story windows on the front and side elevations have keystones.

East (Front) Elevation – The front elevation is five bays wide. The main entrance is centered on the front elevation. The entrance is delineated by a small stoop with a centered entry with broken pediment and arched door opening. The opening houses a paneled door and round fanlight. Two 6/6 windows flank each side of the entrance on the first floor. There are five 6/6 windows, one in each bay, on the second floor. Three narrow gabled dormers pierce the side-gabled roof. Each dormer houses an arched window opening with a covered-over double-hung window.

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North (Side) Elevation and South (Side) Elevation – The north and south elevations are identical, with the exception of the presence of a one-story sunroom on the south elevation. They are each four-bays wide. Most bays have 6/6 double-hung windows on each floor. There are doors on the first and second floors of the third bay. These provide access from the living room to the sunroom on the first floor and from a bedroom to the roof of the sunroom on the second floor. There is a narrow arch-topped window in each of the gables. There are no eaves on these elevations.

West (Rear) Elevation – The design of the rear elevation departs from the strict symmetry exhibited on the other three elevations. Like the front elevation, the rear elevation has five bays. A one-story shed addition provides on-grade access from the center bay to a mud/laundry room. The shed-addition door is slightly off-centered. 4/4 double-hung windows on the north and south elevations of the shed addition light the mud room. There are two windows on each side of the shed addition on the first floor. Three of the windows, those on the first, fourth and fifth bays, are 6/6. The window in the second bay is a smaller window, which unlike the other windows, does not align with the corresponding upper-story window. There are five windows on the second story. The first, second, fourth and fifth bays have 6/6 windows. The center bay has a 9/9 window that provides light to the stair landing.

Nurses' Home Interior

Overall – The interior of the Nurses' Home retains a high degree of integrity. Intact original features include plaster walls and ceilings, wood doors, wood window and door trim, picture rail, baseboards, wood floors, radiators, hexagonal tile, scored plaster, stair rail, and light fixtures. The bathrooms and mud rooms have scored plaster walls that convey the appearance of subway tile. All wood trim is painted. Many floors are carpeted. Those that are not carpeted have exposed waxed hardwood floors or, in the bathrooms, historic hexagonal tile. The occupied spaces lie in the first and second floors. There is no basement. An unfinished attic is accessible only through a pull-down stair.

First Floor – The first floor sits approximately three feet above grade. The main entrance opens to a foyer that houses a framed stair that rises east to west along the south side of the stair hall to a landing, then turns to rise west to east to the second floor. The stair has a simple painted Craftsman railing. On the north end of the stair hall is a framed stair that descends to a door that accesses the mud room, which houses a washer and dryer. The mudroom occupies the space under the stair landing. The floor level of the mudroom is at grade. The first floor houses a kitchen in the northwest corner, a dining room in the northeast corner, a living room in the southeast corner, and a bedroom and bathroom in the southwest corner.

Second Floor – The stair opens to a spacious second-story hall. There are bedrooms in the northeast, northwest, southeast and southwest corners. There is a restroom between the bedrooms

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on the northeast and southeast corners. In the north end of the hall, nestled in the space framed by three doors, is a pull-down attic stair.

Katy Clinic

Because it is attached to the historic hospital building, the Katy Clinic (1967) and hospital building (1927) are counted as a single unit. However, the clinic addition's construction falls outside the property's period of significance. The clinic is attached to the northeast corner of the historic hospital building. It is a one-story rectangular dark-red brick addition with a deck roof covered with turned metal. With the exception of the storefront entrance, on the southeast corner, the building has no window openings.

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Parsons Katy Hospital Labette County, Kansas

Statement of Significance

Introduction

The Parsons Katy Hospital is being nominated to the National Register of Historic Places under Criterion A in the area of health care and under Criterion C as an example of a 1920s hospital.

The Missouri, Kansas and Texas (Katy) Railroad

The Katy Railroad was one of hundreds of railroads established in western states following the Civil War. The line was first incorporated in 1865 as the Union Pacific South Branch. However, promoters changed the name to "Missouri, Kansas and Texas" in 1869 to better characterize the line's regional aspirations. In the early years, the Katy was among two major railway companies vying to lay the first track in Indian Territory. In June 1870, the Katy beat out rival Missouri River, Fort Scott and Gulf to cross what would become Oklahoma. Parsons was a division point on the Katy, whose main line passed from north/south through the east side of Labette County. Despite financial setbacks common among over-expanded railroads in the economic downturns of the 1870s and 1890s, Katy's lines stretched from Kansas City to Galveston, Texas by 1900. The company boasted 438.3 miles of track in Kansas by 1910, making it the state's 6th largest line. Like many rail lines, the Katy lost prominence in the auto age. The company, which had been in receivership since 1915, was reorganized in the 1920s following a contentious nationwide railroad strike. Railroads, which found it increasingly difficult to compete for passenger and freight business with the development of the national highway system in the 1950s and 1960s, consolidated during the second half of the twentieth century. Parsons was a division point on the Katy Railroad until 1957, when company infamously moved all operations to Denison, Texas in the middle of the night. At that time, the Katy hospital opened its doors to non-railroad workers. In 1985, the Union Pacific announced that it had offered \$108 million to buy the Katy Railroad. After the Katy Railroad Employees Association failed in an attempt to buy the rail line, the Katy merged with the Union Pacific's Missouri Pacific subsidiary in 1989.²

¹William G. Cutler, "Labette County," <u>History of the State of Kansas</u>, (Chicago: A. T. Andreas, 1883). ²Deon Wolfenbarger, "Railroad Resources of Kansas MPS." Don Strack, "Union Pacific Corporate History" accessed 18 July 2007, http://utahrails.net/up/up-corp-hist.php.

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Parsons

Parsons (pop. 11,514) was established by the Missouri Pacific Railroad, whose tracks reached the location on May 20, 1870 in its unsuccessful push to beat the Katy Railroad to Indian Territory. By the time Parsons was incorporated as a third-class city in April 1871, the Katy Railroad had beaten Missouri Pacific to Oklahoma and, as a result, the town was named "Parsons" after Katy President Judge Levi Parsons. By 1883, the town boasted a population of 6500.3 In addition to the railroad, early industries included coal mining. By 1920, the population of Parsons had ballooned to over 16,000.4 The southeast region of Kansas, rich with natural resources of oil and coal, played a prominent role in the state's early-twentieth-century industrialization. Kansans elected two Parsonians, Clyde Reed and Payne Ratner, governor in 1928 and 1938. The community was home to the Kansas Ordnance Plant, later known as the Kansas Army Ammunition Plant, which opened prior to World War II.

Hospitals

The construction of the Katy Hospital coincided with the dawning of a new age in hospital history. The history of hospitals in the western world stretches back to ancient times. By the Middle Ages and Renaissance, church-sponsored hospitals constructed elaborate and sprawling structures, replete with voluminous common wards and chapels. By the time the American colonists imported the building type to what would become the United States, hospitals had taken on standard forms. The first American hospitals were Pennsylvania Hospital in Philadelphia (1756), New York Hospital (1791) and Massachusetts General Hospital in Boston (1821), famously designed by premier US architect Charles Bulfinch.⁵

Over time, US hospitals evolved from glorified poor houses and death chambers to places of healing for all classes. Before the late nineteenth century, hospitals were constructed and privately maintained by churches and charitable organizations, which provided indigents with palliative care in open wards by unskilled laborers with limited physician oversight. Successful Americans, such as Benjamin Franklin who raised funds for the Pennsylvania Hospital, saw support of these charity hospitals as a civic duty. Because hospitals offered little more than beds and comfort for the sick and dying, those who could rely on families or private nurses for care convalesced at home.

³ Cutler, "Parsons."

⁴ 1930 US Census.

⁵ Guenter B. Risse, Mending Bodies, Saving Souls: A History of Hospitals, (NY: Oxford U Press, 1999), 341-408.

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The industrial age ushered in scientific advances and social changes that affected the operation and design of hospitals. Mass immigration contributed to overcrowded cities, which became hotbeds of infectious disease. Industrialization also increased the number of traumatic injuries requiring treatment. With advances in anesthesia, surgeons could successfully treat such traumatic injuries with relatively little pain. Without extended family networks or money for private nurses, immigrants and the burgeoning middle class turned to hospitals for care.6

To cater to an increasing number of paying customers, hospitals added well-appointed private rooms and a broad range of new services, from x-rays to laboratory tests to obstetric and pediatric care. New advances created a new role for hospitals, beginning with Johns Hopkins, as research institutions and businesses. By the early twentieth century, hospitals were hiring administrators to guard the bottom line. Between 1880 and 1930, the number of hospitals increased by 2500%. During the same time, the US population doubled. In 1930, hospitals were the nation's third-largest industry.7

Changing technology and societal norms affected hospital design. Whereas early architects and designers, such as John S. Billings who designed Johns Hopkins (1877-1889), encouraged "pavilion" designs with separate buildings joined by long corridors or walkways or even disposable barracks or tent structures following a military model, chemical disinfectants allowed for compact multi-story buildings that could be placed on dense city blocks. New steel and reinforced concrete construction techniques and the advent of elevators aided the new high-rise trend. The compact buildings improved the efficiency of an increasingly professionalized staff of nurses, who in 1913 walked an average of 7.5 miles per day.8

With medical advances, more-efficient/better-educated staff, and improved buildings, Americans' image of hospitals improved:

> The last thirty years have witnessed the most spectacular building of hospitals by a hopeful people that has ever taken place in the world's history. Instead of being dreaded, hospitals are now looked at with confidence and even affection as places wherein most can be done to cure disease and alleviate suffering." Nathaniel W. Faxon, 1930.9

⁶ Risse, <u>Mending Bodies</u>, 348-354.

⁷ Ibid, 471. ⁸ John D. Thompson and Grace Goldin, <u>The Hospital: A Social and Architectural History</u>, (New Haven: Yale U Press, 1975), 193.

⁹ Risse, 463.

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Railroad Hospitals

The Katy Hospital in Parsons was among approximately 40 major railroad hospitals nationwide operated by nearly 20 different railroad companies. Four of these hospitals, including the Parsons Katy Hospital, were located in Kansas. The other three Kansas railroad hospitals, operated by the Atchison, Topeka and Santa Fe Rail Line, were located in Ottawa, Mulvane and Topeka.

Railroad hospitals were generally constructed and maintained by fees from railroad employees. The Parsons Katy Hospital was constructed under the auspices of the St. Louis-based Missouri-Kansas-Texas (Katy) Railroad Employees' Hospital Association. The association, which operated the Parsons Katy Hospital until its closing in 1985, was charted in 1913 "to provide medical and surgical treatment and care for the employes [sic] ... and erect and maintain suitable buildings for hospital and other purposes at suitable points along the line." In the beginning, Katy Association members paid dues ranging from \$.55 to \$1.75 per month. This and earlier employee associations provided for three hospitals along the Katy line, which stretched from Kansas City, Missouri to Galveston, Texas. In addition to the Parsons Katy Hospital, which was located at the line's midpoint, the association operated hospitals in Sedalia, Missouri (1881) and Denison, Texas.

Like other hospital buildings, railroad hospitals reflected the technology and norms of their period of construction. The Sedalia Katy Hospital, constructed in 1881 using fees from both Katy and Missouri Pacific employees, consisted of a campus dotted by a series of free-standing residential-scale two-story buildings, following the pavilion trend common through the turn of the century. Like that in Parsons, the Denison Katy Hospital had a more imposing and permanent appearance common among "modern" hospitals constructed beginning in the 1910s and 1920s. 12

By pooling their resources through hospital associations, railroad employees reaped health benefits in times before employer-subsidized health insurance and consistent institutionalized hospital care. Railroad companies were dedicated to assisting with such programs which benefited employees who risked death and injury carrying out work along the line. Such health benefits became standard for railroads to compete for quality laborers. In addition to major hospitals, employees associations also managed smaller emergency hospitals. These emergency hospitals, or clinics, provided basic health care and emergency services at many locations along the line.

¹⁰Charter, Missouri-Kansas-Texas Railroad Employees' Association, 1913.

¹¹William B. Claycomb, On the Mainlines: Railroading in Sedalia, Missouri (Sedalia Heritage Foundation, 2003).

¹²Robert S. Gillespie, "Partial List of Major Railroad Hospitals in the United States," railwaysurgery.org.

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Parsons Katy Hospital

In February 1920, the Parsons Daily Sun announced that the Katy Employees' Hospital Association had selected Parsons as the location of a \$200,000 hospital provided the community would donate the land. In April, a Hospital Association Committee met with a Chamber of Commerce committee to tour possible sites. The Hospital Association committee included chief operating officer CN Whitehead of St. Louis, treasurer F. Johnson of St. Louis, assistant chief operating officer WM Whittenton of Dallas, Charles Coggins of Parsons, Mr. McCusky of Denison Texas, and Mr. Fox of Hannibal Missouri. Members of the Chamber of Commerce Committee included MA Arnett, WH Martin, JM Kersey, MJ McKnight and Dr. EW Boardman. On April 15, 1920, the Parsons Daily Sun announced that the committee had selected a two-block site between Stevens, Crawford, 30th and 32nd Streets. The Chamber Committee, headed by WH Martin, immediately set about raising the \$17,500 necessary for the City of Parsons to purchase the site.

While the Chamber committee raised funds, Dallas architects Robertson and Griesenbeck began the design for the new building. There are no other known Robertson and Griesenbeck-designed buildings in Kansas. It is likely that the firm designed Denison Katy Hospital, a Neo-Classical design. Like that of the Denison Hospital, the firm's design for the Parsons Katy Hospital incorporated elements that were emerging in modern hospital design. Like the Katy Hospital, most 1920s hospitals generally featured administrative offices, labs and clinics on the first floor, medical and surgical wards on upper floors, and obstetric and pediatric wards on the top floors. The top floor was generally reserved for housing on-call nurses and staff. It was common for hospitals, like the Katy, to have central cores, with elevators and stairs, flanked by wings. The Parsons Daily Sun boasted that the hospital would be thoroughly modern: "The hospital will have the latest clinical equipment. A fully equipped operating room, observation room and laboratories will be provided."

In October 1921, the association awarded the \$225,000 contract for the hospital's construction to H. Barbour. Work began in December. Construction progressed swiftly through the following spring and early summer and the building was completed by July 1922. The hospital opened with little fanfare as by then the nation was embroiled in the events later known as the "Great Railroad Strike of 1922." The strike began when the Railroad Labor Board announced it would cut hourly wages by seven cents. On the morning of July 1, 1922, 2000 Parsons railroad workers "Quietly Left Their

¹³ Parsons Gets Katy Hospital," <u>Parsons Daily Sun</u>, 17 Feb 1920.

¹⁴ Katy Hospital Committee Here," <u>Parsons Daily Sun</u>, 14 April 1920.

¹⁵"Katy Hospital Site Selected," <u>Parsons Daily Sun</u>, 15 April 1920.

¹⁶Risse, 470.

¹⁷"New Katy Hospital Under Construction Here," <u>Parsons Daily Sun</u>, 7 February 1922. ¹⁸"New Katy Hospital Under Construction Here," <u>Parsons Daily Sun</u>, 7 February 1922.

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Posts."¹⁹ Tensions were so great that the city was placed under martial law.²⁰ By fall, the strike had been resolved and railroad workers returned to work.

Despite strained relationships between the railroad and its employees, the employee-run hospital association continued to invest in the Parsons Katy Hospital. Among the improvements was the 1927 construction of the nurses' home at a cost of \$25,000.²¹ The nurses' home was built using bricks to match those on the hospital building; however, it was designed to be a relatively small-scale Colonial Revival building to convey the appearance of a single-family residence. The building continued to serve as a nurses' residence until 1958 when it was converted into a residence for the hospital administrator.²²

In 1951, the hospital association voted to make \$40,000 of improvements to the Katy Hospitals in Denison, Texas and Parsons. In 1957, after the Katy consolidated its operations in Denison, the hospital association broke ties with the railroad and opened its doors to a broader public. During the next three decades, the hospital struggled to meet the demands of a changing health care system, competing with the Labette County Medial Center, opened in 1961, and adjusting to new health requirements established by the 1965 Medicare Act.²³

An unexpected \$450,000 gift from the estate of Maxwell H. Allen in 1967 breathed new life into the struggling organization. The hospital injected some of the new funds into the historic hospital building – funding central heat and air, plumbing and storm windows. They also invested in the construction of a new clinic, a one-story addition to the building's southeast corner.²⁴ Despite the investments, the hospital was unable to compete in the changing health-care climate. In December 1984, the board of trustees voted to close the Parsons Katy Hospital.²⁵ The hospital closed April 10, 1985.²⁶ Following a failed attempt to prevent a Katy/Union Pacific merger, the Katy Railroad Employees Association dissolved in 1987.²⁷ Labette County Medical Center purchased the Parsons Katy Hospital. Although the historic hospital building is no longer in use, Labette Health continues to operate the Katy Clinic in the 1967 addition.

¹⁹"Katy Shopmen Obeyed Strike Call 100 Pct.," <u>Parsons Daily Sun</u>, 1 July 1922.

²⁰ Colin J. Davis, <u>Power at Odds: The 1922 National Railroad Shopmen's Strike</u> (Urbana: University of Illinois Press, 1977).

²¹"\$25,000 Nurses' Home Planned for Parsons" Parsons Daily Sun, 15 July 1927.

²²"The History of the Katy Hospital."

²³lbid.

²⁴Parsons Katy Days 2002 Remarks.

²⁵Catherine Behan, "Katy hospital trustees vote to close doors," <u>Parsons Sun</u>, 11 December 1984.

²⁶"The History of the Katy Hospital."

²⁷ Don Strack, "Union Pacific Corporate History" accessed 18 July 2007, http://utahrails.net/up/up-corp-hist.php.

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Summary

The Parsons Katy Hospital is being nominated to the National Register of Historic Places under Criterion A in the area of health care and under Criterion C as an example of a 1920s hospital. The building retains a high degree of integrity and interprets its unique role in the history of Parsons, Kansas.

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Verbal Boundary Description

The nominated property is located in Block 1, Lot 9, except the south 35' of the Katy Subdivision of the City of Parsons. The lot is 515' X 280'. The historic address is 400 Katy Avenue. The current legal address for the Katy Clinic is 412 Katy Avenue.

Boundary Justification

The boundary includes the land on which the hospital and nurses' home sit. The nominated parcel is smaller than the original hospital tract as part of the original parcel is occupied by Faith Methodist Church (1968). The property is bounded on the north by Stevens Avenue, on the east by Katy Avenue, on the west by 31st Street, and on the south by the northern property line of the adjacent property occupied by the Faith Methodist Church.

The parcel is a rectangle with four points whose UTM coordinates are identified in Section 10 of the cover form. Point 1 is the northwest corner of the parcel; point 2 is the northeast corner; point 3 is the southeast corner; and point 4 is the southwest corner.

Photo Log - Digital images are filed at the Kansas State Historical Society, Topeka, Kansas

- 1. Exterior, Hospital, Front Elevation looking northwest.
- 2. Exterior, Hospital, Front Elevation looking west.
- 3. Exterior, Hospital, East Elevation of hospital and south elevation of Katy Clinic (1967).
- 4. Exterior, Hospital, North Elevation looking south.
- 5. Exterior, Hospital, North-Projecting and West-Projecting bays.
- 6. Interior, Hospital, Central Stair Tower, typical.
- 7. Interior, Hospital, Central Hall in Central Mass looking east, typical on first and second floors.
- 8. Interior, Hospital, Close-up of window and radiused plaster returns.
- 9. Interior, Hospital, Close-up of terrazzo floors.
- 10. Interior, Hospital, Glazed porcelain subway tiles.
- 11. Interior, Hospital, Third-Floor fire door at central stair.
- 12. Interior, Hospital, Third-Floor hall looking south.
- 13. Interior, Hospital, Third-Floor hall, close-up of paneled door.
- 14. Interior, Hospital, Third-Floor, east room.
- 15. Exterior, Nurses' Home, East Elevation looking west.
- 16. Exterior, Nurses' Home, East Elevation looking southwest.
- 17. Exterior, Nurses' Home, North Elevation, looking southwest.

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- 18. Exterior, Nurses' Home, North and West Elevations, looking southeast.
- 19. Exterior, Nurses' Home, West Elevation, looking east.
- 20. Interior, Nurses' Home, Main Door, looking east.
- 21. Interior, Nurses' Home, Main Stair, looking west.
- 22. Interior, Nurses' Home, Main Stair, looking west toward mud room.
- 23. Interior, Nurses' Home, Second-Floor Hall.
- 24. Interior, Nurses' Home, Bedroom on southwest corner.
- 25. Interior, Nurses' Home, Light Fixture.
- 26. Interior, Nurses' Home, Scored Plaster walls in bathrooms.
- 27. Interior, Nurses' Home, Scored Plaster and hexagonal tiles in bathrooms.
- 28. Historic photo showing hospital looking southwest.

